

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3364
288

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY 96		d. STREET ADDRESS (If rural, give location) 2- 8500-RICHARD AVE 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital 1									
3. NAME OF DECEASED (Type or Print) August Garrett		a. (First)		b. (Middle) WALZ		c. (Last)			
5. SEX M F W		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH June 24 1874			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		11. BIRTHPLACE (State or foreign country) CREVE COEUR MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM WALZ		13b. MOTHER'S MAIDEN NAME DOROTHY DAUB		14. NAME OF HUSBAND OR WIFE EMMA DCD.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pernicious anemia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 years 6 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Advanced Cancer of stomach		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jan 9, 1949, that I last saw the deceased alive on Jan 5, 1949, and that death occurred at 5-25 a. m., from the causes and on the date stated above.									
23a. SIGNATURE Robert H. Pugh M.D. (Degree or title)				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED Jan 9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-49		24c. NAME OF CEMETERY OR CREMATORY FEE FEE CEMETERY		24d. LOCATION (City, town, or county) Pattonville Missouri			
DATE REC'D BY LOCAL REG. JAN 11 1949		REGISTRAR'S SIGNATURE J. B. Rasater		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS 2504-woodson Rd Overland, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3453

Student Embalmer No.

working under my personal supervision.

Signed

David C. Gibson

Signed
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 141

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.